

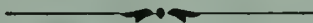
AND SOCIAL GOVERNMENT
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ANNUAL REPORT

UPON THE
PUBLIC HEALTH AND
SANITARY ADMINISTRATION

OF THE
Rural District of Abergavenny

FOR THE
Year 1953



BY
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MEDICAL OFFICER OF HEALTH
AND MEDICAL OFFICER OF HEALTH No. 10 AREA

Annual Report

1953

Mr. Chairman, Madam and Gentlemen,

I have the honour to submit the Annual Report on the state of the public health in Abergavenny Rural District in 1953.

Health may be defined as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." As we have still no accurate means of measuring health in the positive sense, our main index for its assessment is based on records of sickness and death. From vital statistics included later in this report and from personal observations, it is gratifying to note that the health of the population of Abergavenny Rural District continues, on the whole, to be satisfactory.

There were 184 deaths registered in the Rural District in 1953 giving a crude death-rate of 21·8 per 1,000 population. At first, this would appear abnormally high as compared with the crude death-rate of 11·23 in 1952. One must, however, allow for a change in the book-keeping of registration, when for the first time in 1953, deaths of patients occurring in Penyval Hospital did not become transferable and were considered as having been residents of the Abergavenny Rural District for registration purposes. If the number of deaths which occurred in Penyval Hospital were to be deducted from the total, and a crude death-rate then calculated, it would be found to compare more than favourably with that in the previous year.

Of the 184 deaths, 110 were aged 70 years or over. Only 12 deaths occurred under the age of 50 years, and it appears that the average age at death has increased of recent years. In other words, the people are healthier and are living longer. The majority of the deaths are attributed to Circulatory Diseases as are the majority throughout the country, and in this group Coronary Thrombosis ranked as the most frequent individual cause of death. Unlike many other areas, the number of Cancer deaths declined; this disease does

not, as yet, feature to any large extent as a cause of mortality in the Rural District. It is also observed that Infectious Diseases have continued to play a negligible part as a cause of death. Their decline, of recent years, has served to increase the number of potential victims to Cardiovascular degenerations and malignancy.

The birth-rate in 1953 has shown a significant increase as compared with 1952, and the Infant Mortality rate was the lowest possible, but a rather disquieting feature is the slight increase that occurred in the Still Birth Rate, and it behoves all concerned with Midwifery, especially the mother herself, to do all in their power to reverse this lamentable trend.

For many years, the estimated population of Abergavenny Rural District (8441) has remained relatively static but there has been a gradual change in its age pattern. Whereas at the beginning of the century, the population was weighted by its young members, today the ranks of the elderly have appreciably swollen. This has been due, on the one hand, to an overall decline in the birth-rate, and on the other to advances made in medicine and the improvements brought about in both physical and social environment. Thus the care of the aged with its associated problems demand increasing public attention. Most of the old folk prefer to live in their own homes and with a little help many of them are able to do so. In these days, with fewer children able and willing to aid their aged relatives, admirable help has been provided by the Home Help and District Nursing Services. The Housing Authority has also played its part by providing a number of bungalows for the elderly of the Rural District. One would also like to see, in the area, an extension of the Chiropody and Massage services now operated by the Monmouthshire County Council. Some old people, on the other hand, are suffering from chronic illnesses which can only be adequately treated in hospital, and the difficulties encountered in obtaining hospital admission for such cases emphasises the need for additional 'geriatric' beds. None wish to die young and fortune is fickle, therefore it is in our own interest to see that adequate provision is made for the elderly.

It is often difficult to assess the degree of association between

housing and health but there is no doubt that bad living conditions undermine both mental and physical health. The district, being rural, has a number of old dilapidated cottages lacking all modern amenities and are even without an adequate supply of wholesome water. Some of these are grossly overcrowded, for example, a mother and father and 6 young children are known to have occupied a two roomed tumble-down cottage for a number of years, and are still on the housing waiting list. Although it is very satisfactory to know that all the families, with the exception of four, have now been rehoused from the appalling conditions under which they lived at Llanover Camp, I would like to stress here the urgent need for offering better accommodation to those occupying well-nigh derelict country cottages. In 1953, 36 new houses became available, another rung but on a very tall ladder as there remains 244 applicants on the housing waiting list.

Maternity and Child Welfare.

The Infant Welfare Clinic is held on the Tuesday of each week, and Ante-natal clinic on alternate Tuesdays. Mothers and children under 5 years of age from the Borough of Abergavenny and from the Rural District may attend at these Clinics. There are two Health Visitors and a Doctor in attendance.

Considering the prevailing still-birth rate, I wish to stress once more the importance of early and regular attendance of expectant mothers at the Ante-natal Clinic, so that any departure from the normal may be detected as soon as possible, and the necessary steps taken in respect of adequate care of the mothers. Unfortunately, too often many expectant mothers delay attending until late in pregnancy and there are some who never attend.

It is now the practice in the ante-natal clinic to make a routine blood examination of all patients for the purpose of detecting venereal diseases and for determining the pregnant mother's blood group. The educational side of the ante-natal work is also of great importance and includes advice about general health, rest, diet, sleep and comfort.

In 1953 a monthly average of 172 babies attended the Infant Welfare Clinic. Welfare Food is obtainable at the Centre with the exception of National Dried Milk, Cod-liver Oil and Orange Juice which are up to date available at the Food Office.

Material resources (housing standards, sanitation, feeding etc.) parental care and medical and nursing services, each play a part in the infant's chance of survival. The Infant Welfare Clinic has an important role in the care of the infant and young child. Babies are weighed weekly and are seen regularly by the Doctor. Health Education is stressed and informal talks are given to mothers in the principles of hygiene and healthy living.

Towards the end of 1951, the routine skin testing of children under 5 years with tuberculin was introduced at the Infant Welfare Clinic. The Mantoux and Jelly Tests are employed. Any positive reactions are referred to the Chest Physician and all efforts are then concentrated in determining the source of infection. This aspect of Infant Welfare work forms a part of the Anti-Tuberculosis Scheme in operation throughout the County of Monmouthshire.

Vaccination against Small Pox and Immunisation against Diphtheria are also undertaken at this Clinic. The main object of the immunisation schemes is to secure that each generation of infants receives protection at an early age. It is now recommended that an infant should be immunised against Diphtheria at or about the age of 8 months. The fall in the incidence of Diphtheria in recent years is beyond reasonable doubt a remarkable preventive triumph mainly attributable to immunisation. Vaccination against Small Pox is advised when the child has attained the age of 3 months. Since compulsory vaccination has been abolished, the Abergavenny Rural District like the rest of the country, has followed the trend of a decrease in the numbers vaccinated ; from the public health point of view, this is regrettable. Small Pox continues to occur sporadically in various parts of the country and we are never free from the possibility of an outbreak of this disease. Healthy living conditions, good sanitation, and general public health services are no substitute for vaccination in connection with the prevention and control of Small Pox.

Since the National Health Service Act, 1946, came into operation Vaccination against Small Pox and Immunisation against Diphtheria have been carried out free of charge at the surgeries of General Practitioners and at the Maternity and Child Welfare Centres. Great encouragement is given to mothers to have their children vaccinated and immunised.

Vaccination figures fell in 1953 but the numbers immunised against Diphtheria showed a satisfactory increase.

Vaccination against Small Pox

Age Groups	Nos. vaccinated in 1950		Nos. vaccinated in 1951		Nos. vaccinated in 1952		Nos. vaccinated in 1953	
Under 1 year ...	14	...	10	...	21	...	24	...
1—4 years ...	6	...	13	...	2	...	17	...
5—14 years ...	1	...	3	...	5	...	2	...
15 plus ...	9	...	14	...	166	...	11	...
Totals ...	30	...	40	...	194	...	54	...

Immunisation against Diphtheria

Age Groups	Nos. immunised in 1950		Nos. immunised in 1951		Nos. immunised in 1952		Nos. immunised in 1953	
Under 5 years ...	56	...	44	...	42	...	72	...
5—14 years ...	2	...	59	...	7	...	48	...
Totals ...	58	...	103	...	49	...	120	...

Domiciliary Midwifery Service.

Under the re-allocation of the District Midwifery Service, four Midwives are resident in the District. The monthly average of nursing visits was 148.

District Nursing Service.

There is one District Nurse resident in the Rural District. The monthly average of nursing visits was 351. There has been an increasing call made on the District Nurse in relation to the chronic sick and the tuberculosis patient treated at home.

Health Visiting.

Three Health Visitors are employed for routine Domiciliary Visits, Tuberculosis visiting, School Inspections (cleanliness of body and clothes) and for attending the Maternity and Child Welfare Clinic.

Domestic Help Service.

The County Council provides a Domestic Help Service for those cases where there is illness and where there is no able-bodied relative to give the necessary assistance in the household.

The service has been useful in providing assistance to aged persons and cases of Chronic Sick, who otherwise would have had to be admitted to Hospital, thereby helping to relieve the pressure upon hospital accommodation.

The Service is under the direction of the Area Committee Clerk (Mr. D. A. Lewis). Applicants for the Service are assessed to repay the cost of the service in relation to their income ; persons considered to be in financial difficulties receive Service free of charge.

The hours allocated to each case are recommended after personal investigation by the District Nurse, Midwife or Health Visitor, and are submitted to me for approval. Cases where recommendation exceeds 30 hours per week have to be submitted by the Area Committee Clerk to the County Health Committee for investigation, except maternity cases.

There are approximately 52 Domestic Helps in the area of which approximately 10 are working in the Rural District. All are engaged on a Temporary part-time basis. The number of cases attended in the area was 121 ; the average weekly number of hours worked was 755.

Ambulance Service.

Abergavenny Rural District is served by two St. John Ambulances with four drivers, and they provide the Ambulance Services for the Borough and adjacent area, under the central control of the County Ambulance Officer at Caerleon. This system seems to work reasonably well. Central Control aims at making the most economic use of ambulances, and mutual assistance between local Health Authorities avoids, as far as possible, ambulances running empty. However, it is felt that when the sick are transported by ambulance, there should always be an attendant with some nursing training travelling along with the Ambulance Driver.

Health Education.

The close of the 19th century saw the Public Health environmental services established on a reasonably satisfactory basis. During the last fifty years, these have been improved and the personal health services developed. At first, the importance of Health Education was not fully appreciated but it is now realised that disease cannot be prevented or health promoted by social action alone, there must be full co-operation from an enlightened public.

To-day, it is second nature for the appropriately trained staff of a Health Department, whether they be Health Visitors, Home Nurses, Sanitary Inspectors or Doctors to spread the gospel of good hygiene and healthy living. Informal talks are constantly given in the home, the place of work and in the Clinic.

Mental Health Service.

A County Psychiatrist was appointed in 1948 for the purpose of a Mental Health Service. This service, in the No. 10 Area, now operates from Leven House. The service is co-ordinated with the Regional Hospital Board, and Hospital Management Committees.

No adult Guidance Clinics are held in Abergavenny, but individual cases, patients suffering from early nervous strain, and who are finding difficulty in adjusting themselves either in their homes or at their work are seen by Dr. J. Newcombe, the County Psychiatrist. Cases considered too far advanced are referred to the Regional Hospital Board Psychiatrist.

Medical Appliances.

The location of the Medical Appliances Depot for the Rural District is St. John Ambulance Hall, Abergavenny.

Welfare Services.

The Welfare Officer of No. 10 Area caters for the needs of Abergavenny Rural District as regards Welfare Services, which come within the provisions of the National Assistance Act (1948-1951). Cases are interviewed at their homes or at the Welfare Office in Leven House.

VITAL STATISTICS.

Area	...	...	...	62685 Acres
Population (Estimated)	...	...	...	8441
Number of Inhabited Houses (according to Rate Book on 31/12/53)	...	...	...	2266
Rateable value	...	...	...	£34845
1d. Rate	...	...	...	£132

1953	Total	M.	F.	1953	Rural D.	County E.&W.		
Live Births.								
Legitimate	128	67	61	Live Birthrate per 1,000 of estimated resident population	...	16.1	16.79	15.5
Illegitimate	8	2	6					
Total	136	69	67					

Still Births.

Legitimate	6	3	3	Still Birth Rate per 1,000 total Births	42.25		22.4
Illegitimate	0	0	0				
Total	6	3	3	Still Birth Rate per 1,000 population	0.71	0.47	0.35

Deaths.

All Causes	184	98	86	Death rate per 1,000 estimated resident population	..	21.8	11.58	11.4
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Deaths from Cancer— all forms	...	12	5	7	
Lung	...	3	2	1	

Deaths due to Pregnancy, Childbirth, Abortion ... 0

Maternity Mortality Rate (Rate per 1,000 births) 0 1.09

Infant Mortality.

Infant Deaths from Measles	...	Nil
Whooping Cough	...	Nil
Diarrhoea	...	Nil
All causes	...	Nil

Neonatal deaths—0.

			<i>Rural D.</i>	<i>County</i>
Infant Mortality Rate				
(Rate per 1,000 Live Births)	...	0	32'63	
(Legitimate)	„ „	...	Nil	
(Illegitimate)	„ „	...	Nil	

Notifications of Infectious Diseases
classified according to sex and age groups

<i>Disease</i>	<i>Sex</i>	<i>Age</i> 0-4	<i>Age</i> 5-9	<i>Age</i> 10-19	<i>Age</i> 20-29	<i>Age</i> 30-39	<i>Age</i> 40 plus	<i>Total</i>
Diphtheria	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Scarlet	Male	2	3	...	...	...	...	5
Fever	Female	3	3	3	...	...	...	9
Cerebro-Spinal	Male	...	...	...	...	...	...	...
Meningitis	Female	...	...	...	...	...	...	...
Measles	Male	8	17	2	1	...	...	28
	Female	10	17	...	...	...	...	27
Enteric Fever	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Poliomyelitis	Male	...	1	...	...	...	...	1
	Female	...	...	...	...	...	...	...
Dysentery	Male	...	...	...	...	...	1	1
	Female	...	...	...	...	...	...	...
Acute	Male	...	...	...	...	...	...	...
Encephalitis	Female	...	...	1	...	...	...	1
Acute Primary	Male	...	...	...	...	...	2	2
Pneumonia	Female	...	...	...	...	1	1	2
Erysipelas	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Abortus Fever	Male	...	...	...	...	...	...	...
	Female	...	...	...	...	...	...	...
Salmonella	Male	...	...	...	...	...	...	...
Typhimurium	Female	1	...	...	...	...	...	1
Whooping	Male	5	1	1	...	...	...	7
Cough	Female	3	1	...	...	...	...	4
Totals	...	32	43	7	1	1	4	88

TUBERCULOSIS.

Notified :	Pulmonary - M 9 F 3	Non-Pulmonary - M 0 F 0
Deaths :	do. M 1 F 1	do. M 0 F 0

Infectious Diseases.

During 1953, the Abergavenny Rural District was again comparatively free from any outbreaks of Infectious Diseases.

Diphtheria.

The incidence of Diphtheria in England and Wales has steadily declined since the national immunisation campaign was extensively undertaken in 1942. There were no notifications of this disease in the Rural District during 1953, but there is still danger—especially if immunisation is neglected. Children still die from Diphtheria and even if a child does not die the illness may be long and painful. The object of immunisation is to afford each child with the maximum degree of protection, and unless adequate level of immunisation is maintained there may be a return of diphtheria outbreaks as experienced recently in an 'outbreak' in the Midlands. Parents should see that their children are adequately protected and avail themselves of the facilities provided.

Scarlet Fever.

Although the number of notifications of Scarlet Fever was higher in 1953 than in 1952, it is possible that notification was more complete. All the cases continued to be of a mild type and carried no fatality. Females appeared to be more susceptible than males, with a maximum incidence under 9 years of age. It is probable that the improvement in this disease of years has been due not only to the milder type of the attacking haemolytic streptococcus but also to the introduction of sulphonamides and antibiotics in the treatment of Scarlet Fever.

Measles and Whooping Cough.

The incidence of measles has ebbed and flowed at intervals of 2 years, 1953 being an epidemic year with 55 notifications. Eighteen of these cases occurred under 5 years. As Measles and its complications attack the younger child more severely, it is wise to take all preventive measures to delay the age of infection, similarly with

Whooping Cough infection. It is noteworthy that the latter, which is still a dreaded disease of infancy, did not rear its head to any marked degree.

Advances in therapeutic agents with improved nursing care in recent years have helped to lower the fatality from these diseases. Less overcrowding in the houses through reduction in family size, and in some cases improved housing may also have contributed to the decline in mortality.

Infantile Paralysis.

One case of infantile paralysis was notified during the year. A boy aged 5 years was immunised against Diphtheria (Booster dose) on 20.10.53. On 3.11.53, he complained of a headache and developed a sore throat on 6.11.53. This was followed by pain and loss of movement in the left arm. He was admitted to an Isolation Hospital on 8.11.53 with Acute Poliomyelitis of the left arm, and there made a good recovery.

Acute Encephalitis.

One case of acute Encephalitis was notified in a girl aged 15 years. She was admitted to hospital in the Rural District from an outside area.

Food Poisoning.

In 1953, only one notification of Salmonella Typhimurium infection was received. Due to the delay between onset of symptoms and receipt of notification, it was impossible to trace the source of infection.

Food Poisoning would largely be eliminated if good kitchen hygiene was observed by all food handlers and only freshly cooked food served at all times. We have been fortunate that there has been no large outbreaks of Food Poisoning in the Rural District of recent years.

Tuberculosis.

With the exception of the war years, mortality from Tuberculosis in England and Wales has steadily declined since the end of the last century. Only two deaths from this disease were registered in the Abergavenny Rural District during 1953. There has also been a slight fall in the number of notifications, 12 cases of Pulmonary Tuberculosis being notified (1953). On receipt of these notifications, both cases and family contacts were interviewed. Most contacts are anxious to co-operate in the prevention of Tuberculosis and have since been x-rayed either at a Chest Clinic or by a Mass Radiography Unit. It is also gratifying to note that, on the whole, there appears to have been a marked decrease in the waiting period for admission of tuberculosis cases to hospital.

The decline both in morbidity and mortality from Tuberculosis of recent years, is largely attributable to the admirable work of the medical profession and the new methods of treatment in Tuberculosis. An appreciable part has also been played by the improvement in housing, the rise in the standard of living, and in the better education of the population both generally and in the prevention of the disease.

I have the honour to be,

Your Obedient Servant,

S. M. R. HARVEY, M.B., B.Ch., D.P.H.
Medical Officer of Health.

I. Housing.

Number of Houses owned by Local Authority in December, 1953	309
Number of Houses in course of erection ...	38
Number of Houses completed during the year ...	36
Number of Houses for which sanction has been given, but had not been commenced	Nil
Number of Houses erected by Private Enterprise ...	10
Number of Houses inspected for defects in 1953 ...	16
Number of Houses repaired as a result of action by the Local Authority	2
Number of Houses in respect of which Statutory Notices were served to carry out repairs ...	13

II. Water Supply

Owing to the variations in altitude and the number of scattered sparsely populated villages and hamlets, the water supply of the area is one of the Authority's biggest problems, particularly as the number of houses increase. The sources of water supply are numerous; mainly springs. In the larger villages, e.g., Mardy, Llanvihangel Crucorney, Llanover and Pandy, the supply is sufficient and the quality up to standard; but there are a number of smaller villages and outlying dwelling houses where the supply is inadequate, or where analysis reports are not always satisfactory.

The main piped supplies owned by the Local Authority are :—

1. **Govilon.** Blakes Hydraulic Ram has been taken out of commission, as a connection was taken off the Abertillery Water Board's 16" main through a $\frac{3}{4}$ " Break Pressure Valve (set at 80 lbs.) to supply the 56 houses on the zone between the 350 ft. and 600 ft. contour O.D. The properties on the lower zone numbering 84, are supplied from the Ffynon Batric Spring by gravitation.

A 3" connection was made in the Newport Corporation's new 28" main near the Carpenter's Shop, Govilon.

The inhabitants of this part of the District obtained their water supply from the Forge Spout. To afford a constant supply, a 1" pipe was laid from the Railway Bridge to the Forge Cottages, for a distance of 366 yards. A 1" rising main was taken from the storage tank near the Chapel School (450 ft. O.D.) to Maesyfelyn, which is on the 600 ft. contour. This supplies 7 houses, and 1 farm. The amount of pipe laid was 600 ft. of 1" galvanised main, and 50 ft. of $\frac{1}{2}$ ". At Maesyfelyn, this supply ends as a stand-pipe. A 1" main was taken from the $1\frac{1}{2}$ " Rising Main near the Ram House, to Upper Mill Farm. A T-piece was inserted in the 1" main, and 250 yards of $\frac{3}{4}$ " main, and 34 yards of $\frac{1}{2}$ " main laid to the 4 cottages at the Acqueduct.

A $\frac{3}{4}$ " connection was taken off the 1" main at Maesyberllan and extended to Boat Farm, Govilon. This necessitated the laying of 450 ft. of $\frac{3}{4}$ " main.

During the year work was carried out to afford a piped supply to Canal Cottage, Govilon. 60 yards of $\frac{1}{2}$ " main, and 140 yards of $\frac{3}{4}$ " main were laid.

An extension was also made to Glanycafon, Govilon, this necessitating the laying of 100 yards of $\frac{3}{4}$ " main.

2. **Pwlldu.** A 2,000 gals. storage tank at the source of the spring in adit. supplies 35 premises by means of 6 stand-pipes. This is the only supply in the district showing any plumbo-solvent action; and as a precaution galvanised iron pipes are used. The $1\frac{1}{2}$ " main was extended from the Long Row to the Breconshire Boundary. This affords a supply to 4 cottages. The amount of pipe laid was 1,389 ft. of $1\frac{1}{2}$ " galvanised main, 271 ft. of $\frac{3}{4}$ ", and 56 ft. of $\frac{1}{2}$ ". A $\frac{3}{4}$ " connection was taken from the $1\frac{1}{2}$ " main, to afford a water supply to the houses at Short Row. This necessitated the laying of 105 ft. of $\frac{3}{4}$ " main, and 84 ft. of $\frac{1}{2}$ " main.

The stand-pipes have now been dispensed with.

3. **Garndyrys.** Spring with stand-pipe supplies 10 premises ; with an extension for 60 yards to a stand-pipe fixed near Garndyrys Cottage.
4. **Allws.** The Abertillery Water main was tapped and a $\frac{3}{4}$ " Break Pressure Valve inserted to afford a water supply to the inhabitants in this area.
5. **Llanfoist.** The supply for this area is now being obtained from the Llanover Water Scheme ; 4", Class "C" Cast Iron pipes conveying the supply to some 96 premises and the Factory ; with two stand-pipes for the few remaining premises not connected to the main. The average consumption for the private dwellings is approximately 7,000 gallons per day. A 4" connection taken from your main near Beechgrove supplies the Council's Housing Site. The necessary fire hydrants are installed.

The work of extending the 3" main to Gipsy Lane, Llanfoist, was completed during the year. In addition, a 3" branch was taken off the main, to the road leading to the private housing site, and a 3" valve installed to control this supply.

This work necessitated the laying of 1156 ft. of 3" cast iron main, together with the installations of the necessary fittings.

6. **Llanellen.** A spring connected to a $1\frac{1}{4}$ " pipe supplies some 16 premises. The quality is satisfactory, but quantity not always adequate. A 3" connection has been taken to the Council's Housing Site ; further connections are made including the connection of the School premises.
7. **Mardy.** Tynywern spring connected to 5, 4 and 3 inch pipes supplies 86 premises, all of which are connected to the main ; with $\frac{3}{4}$ " branch pipes supplying Mardy Park and the Mill.

A $\frac{3}{4}$ " connection was made in the 3" main to afford a supply to Parsonage Farm, Llantilio Pertholey.

A $\frac{1}{2}$ " connection was taken off the 3" main to Nos. 1 and 2, Blorenge View, Mardy, these premises having previously received their supply from a private source. The Council's main was extended up the Midway Lane, to supply the 22 houses erected by the Council.

A $1\frac{1}{2}$ " connection was made in the 4" main to afford a water supply to Mardy Park.

The main was extended to afford a piped supply to Llantilio Pertholey School. This necessitated the laying of 546 yards of 3" Asbestos Main, and 16 yards of 3" Cast Iron Main.

8. **Llanvihangel Crucorney.** The overflow from the Tynywern Spring is utilised to raise 12,000 gallons per day by hydrostats through 3" pipes to a 20,000 gallon concrete water tower. 70 premises are all connected to the main.

A $\frac{1}{2}$ " connection was taken off the rising main to afford a water supply to Little Llwyn Gwyn, Llanvihangel Crucorney.

A $\frac{1}{2}$ " connection was taken off the 3" main coming from the 20,000 gallon storage tank to afford a water supply to Bridge Farm.

A $\frac{1}{2}$ " connection was taken off the 3" rising main from the Hydrostats to the New Bungalow near Llanvihangel Station.

A connection was taken off the rising main to afford a supply to Llanvihangel Station.

Plans have been prepared to install electric pumps to afford a supply to Brynygwenin area. This scheme is intended also to supply Pantygelli and Pandy, thereby doing away with the Hydrostats.

A 1" connection was taken from the existing 3" main, and 300 ft. of 1" main was laid to Penybont Cottages.

9. **Llanvetherine.** A spring with 1" pipe to tank and stand-pipe supplies 5 buildings near the main road. Another spring supplies 17 premises in Caggle Street area by means of two stand-pipes; some of the dwellings being at too high a level for gravitation.
10. **Llangattock Lingoed.** A spring with small tank and $\frac{3}{4}$ " pipe to a stand-pipe, supplies 12 premises; the level of the source being too low for connection into the houses.

11. **Bettws Newydd.** A spring with storage tank is connected to 4 premises in the village. An asbestos main has been laid from Clytha to Bettws Newydd, this being an extension of the Llanover Water Scheme. Premises situated on the line of this main have been connected, and an extension has been made to Redgates, Trostrey. A 1" branch was laid from the main to supply The Rectory, New Bungalow and Bettws Lodge.
12. **Penlanlas.** A spring on the side of the Dêri is utilised to supply Penlanlas Cottages and the Farm.
1. **Llanover.** Llanover Village is supplied by a 2" pipe from Coedyfelin spring to a 25,000 gallon storage tank, which serves 34 premises. New Inn spring supplies another 23 premises in or near the village ; Cwm Uchaf spring supplies another 9 premises through a 1" pipe. The work in connection with the Llanover Water Scheme was completed early in 1952, as a result of this work, the following areas now have a piped water supply :— Llanellen, Llanover, Llangattock-nigh-Usk, Llanvair Kilgeddin, Bryngwyn, Llanddewi Rhydderch, Llanarth, Clytha and Bettws Newydd.

The 3" main has been extended from the Red Lion, Bryngwyn to the Raglan Boundary to supply premises in the area.

The Hamlet of Hardwick was included in the Llanover scheme ; an extension being made from Llanellen. 1677 yards of 3" Class "D" Asbestos Main ; 187 yards of Class "C", Cast Iron, and 817 yards of $\frac{3}{4}$ " galvanised main were laid.

Following a request from Monmouth Rural District Council to have the main extended to provide a water supply to premises within their area, the 3" asbestos main was laid to Cwrt Robert. 1200 ft. of asbestos main was laid and the necessary fittings installed. A $1\frac{1}{2}$ " branch was taken off the main to supply certain farms, the supply being recorded by a meter. The wash-out hydrant was installed on the boundary at Cwrt Robert.

2. **Llanarth.** A spring near Upper House supplies 19 premises through a $2\frac{1}{2}$ " pipe; the village of Llanarth is supplied by springs at Coed-y-gelli. Great Oak now receives the water supply from the Llanover Main, as does the Council's two Agricultural Houses.
3. **Grosmont.** Supply is carried by $1\frac{1}{2}$ " pipe from spring to a tank at upper end of the village; and from there by gravitation to 20 premises through 2, $1\frac{1}{2}$ and $\frac{3}{4}$ inch pipes.

Plans have been prepared to afford a water supply to the inhabitants in this area, from springs situated at Yew Tree Farm, Grosmont. Yields of these springs are being kept under observation.

Apart from the piped supplies there are a number of wells in the district supplying outlying dwellings.

4. **Wells.** All the Wells in the area are covered in, the supply being obtained through $2\frac{1}{2}$ " Small York Hand Pumps.

Water Samples. During the year 21 samples of water were obtained and submitted to the County Pathologist for analysis.

Pen-y-val Hospital. These premises obtain their water supply from the Tynywern Supply; a 4" connection having been taken from the main at the top of the Hereford Road.

III. Sewerage.

The only Sewerage works are those for the villages of Llanvihangel Crucorney and Mardy, with Disposal works near Abergavenny Junction Station.

Llanfoist Factory has its own Sewerage Plant.

A Sewerage Scheme was installed to take the sewage from the Llanfoist Council Houses to the Borough Sewerage Works. Plans, Specifications and Quantities are prepared for Llanfoist No. 1 Sewerage Scheme, this scheme now serves the village.

During the year the work in connection with the Sewerage Scheme for Govilon, was commenced. This Scheme when completed will pick up all the premises in the area to Ordnance Datum 400. The sewage will be conveyed to the Gilwern Sewerage Works.

Preparation of plans, etc., are in progress for a Sewerage Scheme in the Parish of Grosmont.

The work of installing a Sewage Disposal Plant for Llanvair Kilgeddin, was carried out during the year. This work now takes the sewage from the Council Houses, School and surrounding properties. The treatment works was placed on the banks of the River Usk. The length of 6" sewer stone-ware pipes laid was 1094 ft.; seven manholes were also constructed. .

During the year, negotiations were commenced to make provision for a Sewerage Scheme to serve the village of Bryn, Penpergwm

IV. Milk Supply.

During the year 1 sample of milk was collected and submitted to the County Pathologist for analysis.

V. Refuse Collection.

This collection has now been extended to cover almost the whole of the Rural Area.

VI. Meat Inspection.

No inspection of carcasses takes place in the Rural District, as all slaughtering of animals is carried out at the Abergavenny Abattoir.

VII. Rodent Control.

The Assistant Rodent Operative has been engaged on normal inspections in the Rural District and has submitted regular reports to the Ministry of Agriculture & Fisheries (Rodent Division).

Inspection has covered private and business premises, refuse tips, sewerage works and streams, and 742 inspections were made, and 2023 baits laid. The annual test of sewer manholes was carried out, and proved satisfactory, as there was no evidence of infestation.

New treatment now involves the use of Warfarin, a new poison which has proved most successful.

Factories and Workshops.

Periodical inspections were made and conditions were found to be satisfactory.

I am,

Yours faithfully,

T. ATTWELL, Cert. S.I.B.

Sanitary Surveyor.

